

## Optimum Choices

Optimum Choices is the benefit plan that covers members with mental retardation or developmental disabilities who need long-term care. The member must:

- Meet Intermediate Care Facilities for the Mentally Retarded (ICF/MR) level of care and be in an ICF/MR, or
- Receive services through Supports for Community Living (SCL) Waiver (mental retardation or developmental disability)

This plan has all the benefits that are included in Global Choices. This is not a complete list of services. If a service is not listed, there is no co-pay. Some service limits can be increased if the service is medically necessary (requires prior approval).

Some people covered by *KyHealth Choices* never have to pay co-pays. These people include:

- Non-KCHIP Children
- Children under 19 years old who are in foster care
- Pregnant women
- Hospice care patients
- Personal Care or Family Care Home
- Members who live in an ICF/MR

Co-pays cannot be more than 5% of a family's income per quarter

Call *KyHealth Choices* at 1-800-635-2570 with questions about your benefits or visit the website at <https://kyhealthchoices.fhsc.com>.

Optimum Choices		
Benefit/Services	SCL Waiver Co-pays	Service Limits
Medical Out-of-Pocket Maximum	\$225 per calendar year (January – December)	
Pharmacy Out-of-Pocket Maximum*	\$225 per calendar year (January – December)	See prescription drug benefit
Acute Inpatient Hospital Services	\$10 co-pay	
Laboratory, Diagnostic and Radiology Services		
Out-patient Hospital / Ambulatory Surgical Centers	\$3 co-pay	
Physician Office Services **		
Behavioral Health Services ***		
Allergy Services		Shots and allergy treatments limited to children under 21
Preventive Services		
Emergency Ambulance		

Optimum Choices		
Benefit/Services	SCL Waiver Co-pays	Service Limits
Dental Services		<ul style="list-style-type: none"> <li>Children under 21, to include:               <ul style="list-style-type: none"> <li>- 2 cleanings per 12-month period</li> <li>- Extractions</li> <li>- 1 set of x-rays per 12-month period</li> <li>- Other dental services are available</li> </ul> </li> <li>Adults 21 and over:               <ul style="list-style-type: none"> <li>- 1 cleaning per 12-month period</li> <li>- Extractions</li> <li>- 1 set of x-rays per 12-month period</li> </ul> </li> </ul>
Family Planning		
Occupational Therapy		At an approved setting: <ul style="list-style-type: none"> <li>No limit for children under 21</li> <li>Adults 21 and over are limited to 30 visits per calendar year</li> </ul>
Physical Therapy		At an approved setting: <ul style="list-style-type: none"> <li>No limit for children under 21</li> <li>Adults 21 and over are limited to 30 visits per calendar year</li> </ul>
Speech Therapy		At an approved setting: <ul style="list-style-type: none"> <li>No limit for children under 21</li> <li>Adults 21 and over are limited to 30 visits per calendar year</li> </ul>
Hospice (non-institutional)		
Non-Emergency Transportation		Only to a <i>KyHealth Choices</i> -approved medical service, <b>not to pick up prescriptions</b> . (KCHIP III children who pay a monthly premium are not eligible for non-emergency transportation.)
Chiropractic Services		Limited to 26 visits per 12-month period for children and adults

Optimum Choices		
Benefit/Services	SCL Waiver Co-pays	Service Limits
Prescription Drugs (For Members who do NOT have Medicare Part D)	<ul style="list-style-type: none"> <li>- \$1 co-pay generic</li> <li>- \$2 co-pay preferred brand</li> <li>- 5% co-insurance non-preferred brand up to a maximum of \$20 per prescription</li> </ul>	<ul style="list-style-type: none"> <li>• Members are normally limited to 4 prescriptions per month with a maximum of 3 brand names</li> <li>• These limits do not apply to children under 19 or people without Medicare Part D coverage who live in a nursing home</li> <li>• Insulin is excluded from the 4-prescription limit</li> <li>• Ask your doctor or pharmacist about exceptions for medical conditions or certain drugs</li> </ul>
Emergency Room	5% co-insurance for non-emergency visits not to exceed \$6 per visit	See Emergency Room section of this handbook
Hearing Aids		<ul style="list-style-type: none"> <li>• Limited to children under 21</li> <li>• Not to exceed \$800 per ear every 36 months</li> </ul>
Audiometric Services		<ul style="list-style-type: none"> <li>• Limited to children under 21</li> <li>• One audiologist visit per calendar year</li> </ul>
Vision Services	\$2 co-pay for ophthalmologic or optometric office visit	<ul style="list-style-type: none"> <li>• Eyewear limited to children under 21</li> <li>• \$400 limit per calendar year. Maximum paid for one pair of glasses is \$150.</li> <li>• Adults and children limited to 1 eye exam per calendar year</li> </ul>
Prosthetic Devices		
Home Health Services		
Durable Medical Equipment (DME)	3% co-insurance up to a maximum of \$15 per month	
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)		Limited to children under 21 (KCHIP III children who pay a monthly premium are not eligible for EPSDT Special Services)
Substance Abuse		EPSDT and pregnant women only (KCHIP III children who pay a monthly premium are not eligible for EPSDT Special Services)

Optimum Choices		
Benefit/Services	SCL Waiver Co-pays	Service Limits
Maternity Services <ul style="list-style-type: none"> <li>• Nurse mid-wife services</li> <li>• Pregnancy-related services</li> <li>• Services for other conditions that might complicate pregnancy</li> <li>• 60 days postpartum pregnancy-related services</li> </ul>		
Podiatry Services	\$2 co-pay	
End Stage Renal Disease and Transplants		

\* The Kentucky Medicaid Pharmacy Program allows pharmacy providers to dispense a 93-day supply or 100-dosage units, whichever is greater, of selected medications. If you have questions about which medications may be dispensed as a 93-day supply or 100-dosage units, check with your pharmacist.

\*\* 'Physician Office Services' includes physicians, certified pediatric and family nurse practitioners, nurse midwives, Federally Qualified Health Centers (FQHC's), rural health clinics (RHC's), primary care centers (PCC's), and physician assistants.

\*\*\* 'Behavioral Health Services' include mental health rehab/stabilization, behavioral support, psychological services, and inpatient psychiatric services.

If you are in Optimum or Comprehensive Choices and would rather be in Global Choices, call 1-800-635-2570 to change. Keep in mind Global Choices has higher co-pays and more service limits.